

(Caption of Case)

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-42-T

(Please type or print)

Submitted by: Lowcountry Excursions, LLC

Telephone: 843-437-5152

Address: 1489 River Rd  
Jame's Island, SC 29455

Fax: 843-559-5047

Other:

Email: info@whitehelimos.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief Demanded in Petition☐ Urgent Request for Item to Be Placed on Commission's Agenda☐ Other:

## NATURE OF ACTION (Check all that apply)

☐ Affidavit☐ Letter☐ Report☐ Agreement☐ Memorandum☐ Request☐ Answer☐ Motion☐ Request for Investigation☐ Application☐ Objection☐ Reservation Letter☐ Brief☐ Petition☐ Response☒ Certificate Class C Charter Bus☐ Petition for Reconsideration☐ Response to Discovery☐ Comments☐ Petition for Rulemaking☐ Return to Petition☐ Complaint☐ Petition for Rule to Show Cause☐ Stipulation☐ Consent Order☐ Petition to Intervene☐ Subpoena☐ Discovery☐ Petition to Intervene Out of Time☐ Other:☐ Exhibit☐ Proposed Order☐ Expedited Consideration☐ Protest☐ Late-Filed Exhibit☐ Publisher's Affidavit

RECEIVED

FEB 07 2008

PSC SC  
DOCKETING DEPT.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**DOCKETING DEPARTMENT**  
 101 Executive Center Drive  
 Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS C - CHARTER BUS

DATE Jan 30, 2008

**APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE**

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lowcountry Excursions, LLC

2. (a) Street Address of Applicant

1489 River Road  
Johns Island SC 29455

- (b) Mailing address, if different from street address

21862  
Charleston SC 29413

- (c) Telephone Number 843-437-5152 Fed ID # 21

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Daniel Strickland - Pres  
Beth Strickland - VP/Treas

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6.

Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond* **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

LOWCOUNTRY EXCURSIONS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 15th, 2004, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 15th day of  
July, 2004.

*Mark Hammond*

Mark Hammond, Secretary of State

## DESCRIPTION OF EQUIPMENT

\* Seats if passenger carrier

(Title) Virus.

MONCKS CORNER, SC 29461

843-761-8328

INSURED

Lowcountry Excursions, LLC

C/O Daniel Strickland

P.O. Box 21662

Charleston, SC 29413

AFTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: Empire Fire &amp; Marine Insurance Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADPT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		CLAIMSMADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$
						PRODUCTS - COMPOF AGG \$
A	X	AUTOMOBILE LIABILITY	CL-457563	11/15/07	11/15/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000
		ANY AUTO				BODILY INJURY (Per person) \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		X SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
		NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
		GARAGE LIABILITY				EACH OCCURRENCE \$
		ANY AUTO				AGGREGATE \$
		EXCESS UMBRELLA LIABILITY				\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUS-TOY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
		OTHER				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate of Commercial Automobile Coverage for Lowcountry Excursions, LLC  
 1,500,000 CSL Liability, 1,000,000 Uninsured Motorist,  
 1,000,000 Underinsured Motorist Coverage  
 5 Vehicles

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 26 (2001/08)

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# EXHIBIT FWA

Name: Lowcountry Excursions LLC  
U.S.D.O.T. No. N/A ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?  
Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?  
Yes \_\_\_\_\_ No ✓
3. Are there currently any outstanding judgement(s) against Applicant?  
Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?  
Yes ✓ No \_\_\_\_\_
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?  
Yes ✓ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

## APPLICANT'S OATH

I, Beth Stuckland, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Beth Stuckland  
(Applicant's Signature)

At STATE OF SOUTH CAROLINA

This 30TH day of JAN, 2008

STEFAN BOATAT  
(Notary Public)

Commission Expires: May 9, 2017

CHARLESTON COUNTY